WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29527

791

1003

File No.

Registered No. 8551

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 1931 Lami St. Ward)

2. FULL NAME Anthony C. Panuska

(a) Residence, No. 1931 Lami 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 9 1862

7. AGE YEARS 69 MONTHS 4 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930 Dec

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME Wm Panuska

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Katherine Kubes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Josephine Berchek 4943 Nottingham

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker DATE 8-8 1931

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec

20. FILED AUG -7 1931 Max C Standley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10th 1931, to July 28th 1931

I last saw him alive on July 28th 1931. Death is said to have occurred on the date stated above, at 11.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

131

934 431

Date of onset

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Heuermann, M. D.

(Address) 3108 Chippewa St